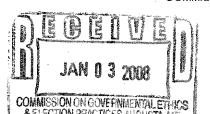


Office: 242 State Street, Augusta, Maine





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Phone: 207-287-4179 Fax: 207-287-6775

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a previously filed statemen	t for the calendar year 2007.				
LEGISLATOR INFO	RMATION				
Bernard L. A. Ayotte	Member of: Member of: Member of: Member of: Member of: Member of:				
Mailing address 1469 Van Buren Rd.	District				
Caswell, Maine 04750	Phone 207 - 325-4905				
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER					
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.					
Name of Employer Add	dress Principal Type of Economic Activity of Employer				
PART 2: INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)					
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.					
Name and Address of Business Entity Major Are	as of Economic Activity (self) Major Areas of Economic Activity (partnership, association or similar business entity)				
Name:	The state of the s				
Address:					
Name:	The first term of the following of the second of the secon				
Address:					

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY	/MENT
(For Legislators who are self-employed.) B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the path the entity or person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your	THE TAX AND THE SECOND STATE OF THE SECOND S
Name and Address of Firm Major Areas of Pra (self)	ctice Major Areas of Practice (firm)
Name: Address:	
Name:	
PART 4. OTHER SOURCES OF INCOME List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	a gifts. If none check the box
None	gines in inches, on our time box.
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
PART 5. REPORTABLE LIABILITIES List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	reporting period, and list the major
None	7.7477 E 7.7477 E 100
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	·
Address:	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	H. 2000 f
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box None	than \$300 from a single source. If
CONTROL STREET TO CONTROL OF THE WORLD AND THE WORLD STREET TO CONTROL OF THE WORLD STREET TO	Source of Gift
1. 3.	A CONTROL OF THE CONTROL OF THE STATE OF THE CONTROL OF THE CONTRO
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PART 7. RE				. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		
List the source of any honoraria accepted for appearances o	r speeches rela	ited to	our off	icial duties. If none, check	the box.	
None						
Name of Source of Honoraria	a consistent rate.	±4. = ₹ ×4	- N	ame of Source of Honoraria	and the second state of the second se	
1.	3.					
		N. St. Son (2/8/2008) A. Sonoroom.		v	COMMUNICATION AND AND AND AND AND AND AND AND AND AN	
2.	4.					
PART 8. REPRESENT.	ATION BEFO	RE ST	AŢE A	GENCIES		
List each executive branch agency before which you repres the box.	ented or assis	ted other	ers for	compensation of any amou	int. If none, check	
None		New York Village Schoolsenhool on				
Name of Agency		1 29	MITT.	Name of Agency		
1.	3.					
2.	4.		**************************************	en e	Alleria de la companya del la companya de la compan	
PART 9. BUSINE	SS WITH ST	ATE A	GENC	CIES AS Z		
List each executive branch agency to which you or a membe \$1,000 during the reporting period. If none, check the box.				Me Laura A. Sharrell	value in excess of	
None	OCT 1 12 C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,		77. "I) - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	:	
Name of Agency				Name of Agency		
1.	3.					
2.	4.			Dalamakan kangungg <mark>apapan Kandés</mark> ang kangunggan kangunggan		
PART 10. INCOME RECEIVE	D BY MEMBE	RS O	FIMM	EDIATE FAMILY		
List the type of economic activity representing each source (ren) during the reporting period and the kind of income repre "D" for income received by dependents.	of income of \$	1,000 c	r more	received by your spouse of	or dependent child lived by spouse or	
Type of Economic Activity Representing Source of Income	Received	Cir appro let		Kind of Inco	pme'	
1. Merchandise-vetailing	30	<u>/\$</u> /	D			
2.		S	D		eren and the second	
3.	TTT VI A SASSAA Sayan aya saraga s	S	D	om menter (in a lamine e cuplementary hands para hands a comment of the cup of file in A data as a pass acquiring against an		
4.		S	D		The state of the s	
	SIGNATURE	TOTAL	2- XIII 7)			
######################################	(.V	<u>2880 .</u> ← £	<u> </u>	<u> </u>		
A Legislator who willfully fails to file a required statemen (1 M.R.S.A. § 1017-A)	is subject to	a tine	or \$10	u per business day until t	ne report is filed.	
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The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Bernard X of Ayall Signature

/- 2 - 0 % Date

NAME:	DATE:	
ADDRESS:		
	ADDITIONAL INFORMATION	: 1
Please provide information you	e any additional information below (and on additional sheets if needed). Indicate the are providing.	ne part or section number for the
Part/Section Number	Annous State of the State of th	
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Transcriber .		
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